

HISTORY FACILITY PROFILE

EMERY COUNTY CARE AND REHAB PROVIDER #: 465085 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 455 WEST MILL ROAD PHONE NUMBER: (435) 384-2301 TOTAL: 55
 FERRON UT 84523 PARTICIPATION DATE: 09/01/1981 CERTIFIED: 55 TYPE OWNERSHIP: GOVERNMENT - COUNTY
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/20/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 55	
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TOTAL:	51	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	4	SUSPENSION RESCINDED:	--	----	-----
MEDICAID:	35			55	
OTHER:	12				

CURRENT SURVEY REVISIT DATES - 04/29/2002

PRIOR 3 SURVEY 10/1998	S/S CODE	PRIOR 2 SURVEY 01/2000	S/S CODE	PRIOR 1 SURVEY 03/2001	S/S CODE	CURRENT SURVEY 02/20/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	G								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D	X	E						REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	E	04/20/2002	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 08/1998	85 EXIST SURVEY 12/1999	85 EXIST SURVEY 03/2001	85 EXIST SURVEY 02/19/2002	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
X				X C	03/20/2002	K0018-CORRIDOR DOORS
X						K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
X						K0038-EXIT ACCESS
X	X					K0050-FIRE DRILLS
		X				K0056-AUTOMATIC SPRINKLER SYSTEM
	X					K0069-COOKING EQUIPMENT
				X C	03/20/2002	K0070-SPACE HEATERS
						K0130-OTHER

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 08/1998	85 NEW SURVEY 12/1999	85 NEW SURVEY 03/2001	85 NEW SURVEY 02/19/2002	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
X				X N		K0018-CORRIDOR DOORS
				X C	03/20/2002	K0056-AUTOMATIC SPRINKLER SYSTEM
						K0061-MAIN SPRINKLER CONTROL

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	1	0	1	2
HEALTH TOTAL	1	0	1	2
LIFE SAFETY CODE	4	1	2	6
LIFE SAFETY CODE + HEALTH	5	1	3	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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03/09/1999	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT